



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mami KAWABATA et al.

Serial No: 10/768,394

Confirmation No: 3798

Filed: January 30, 2004

For: Selective Switching of a Transistor's Back Gate  
Potential (as amended)

Art Unit: 2816

Examiner: Englund, Terry Lee

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
April 29, 2005

Date of Deposit

Juanita Soberanis

Name

*Juanita Soberanis*

Signature

04/29/2005

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment.
- ☒ Replacement Sheet.
- ☒ Annotated Sheet Showing Changes.
- ☒ Return Postcard.

The fee has been calculated as shown below:

the fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20        **	0	LG=\$50 SM=\$25	\$50	\$    0
INDEPENDENT CLAIMS FEE	4	-	3        ***	1	LG=\$200 SM=\$100	\$200	\$   200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$    0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$    0
TOTAL							\$   200

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee in the amount of \$ 200 to cover the additional claims fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$      to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
  - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
  - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

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Date: April 29, 2005

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